

OHCA 2027 MATERNAL CARE CODE CHANGES FAQ

1. Are the managed Medicaid entities following OHCA guidelines for 2027 as well?

Yes.

2. For those pregnant in 2026 and delivering in 2027, how do we bill?

Antepartum services in 2026:

- If the member has 1-3 visits, bill E/M codes.
- If the member has 4-6 visits, bill 59425.
- If the member has 7+ visits, bill 59426.
- To ensure proper processing and avoid claim denials, OHCA asks that providers apply the TH modifier to E/M codes when billing for antepartum or postpartum care.

Services rendered on or after Jan. 1, 2027:

- Use new unbundled codes.
- A list of codes can be found in the [OHCA maternal care code changes PowerPoint](#).

3. Should we wait until the end of December 2026 to bill so we know how many visits and to ensure the proper code is used for visits in 2026?

Yes.

Example: 6 visits in 2026 would be billed using 59425; any visits in 2027 would be billed using the E/M codes.

4. Do you have to use the modifier TH for E/M visits?

The TH modifier is informational and not required. However, OHCA and the CEs are requesting its use so we can identify E/M codes that are for maternity care.

5. Is the TH modifier also recommended for postpartum visits?

Yes. The TH modifier is recommended for both antepartum and postpartum visits.



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6. Will the postpartum visit now be an E/M code in 2026?

There is no change to postpartum visit coding for 2026. For 2027, postpartum visits will be billed with an appropriate E/M visit code. If a patient delivered in 2026 and a bundled code was billed that included postpartum care, it would not be appropriate to then additionally bill postpartum E&M visits separately.

7. Is there a fee schedule for the new codes?

Not currently. CMS should release the rates in November 2026, and we are aiming to have them available in December 2026.

8. How does the change affect FQHCs and RHCs?

There are no changes for FQHCs and RHCs.

9. Will the fee-for-service change for prenatal care provided by FQHCs or will it be the same regardless of the coding complexity?

There shouldn't be any changes for FQHCs.

10. Will there be new set of codes that doulas are allowed to use?

A decision has not been made yet on 2027 codes for billing doula services, but the current codes used for services during delivery will be ended. OHCA will make a decision soon and will send further information at that time.

11. What are the guidelines for the new labor management codes?

OHCA will follow AMA (American Medical Association) guidelines for labor management. These guidelines can be found on the [AMA maternal care code changes webpage](#).

12. Do we bill for patient discharge and any additional procedures during the delivery stay?

Yes, you can bill for the patient discharge visit and for additional procedures unless they are included in another service.

13. If a patient has a vaginal delivery, how will that break down during their hospital stay? Will it be a vaginal delivery code then daily visits?

Bill each code for labor management, delivery and E&M visits beginning the day after delivery, and discharge visit.

14. Will there be any barriers to claims being paid if we bill an E&M on the same claim as an ultrasound, etc.? E&M would have a modifier 25 and the system usually requires medical records. Will the system bypass the record requirement for OB claims?

OHCA will still require correct coding as per NCCI (National Correct Coding Initiative) guidelines. OHCA maintains a list of codes that will bypass the review requirement for modifiers 25 and 59. You can find links to those lists on the [OHCA NCCI webpage](#). If OHCA requests records for review, we would expect to see that documentation supports the use of the modifier(s) billed.

15. Will providers be required to submit records with claims due to modifier 25 being appended?

If the coding pair appears on the OHCA [bypass lists](#) for modifier 25 or 59, documentation is not required to be submitted with the claim. Records could be requested later for auditing or review.

16. If an ultrasound is read by the same provider as E/M, will that require a modifier 25?

There are no changes to NCCI coding requirements. E&M visits currently do not require a modifier 25 when provided with an ultrasound.

17. What would the physician bill during the hospital stay after delivery?

The delivery provider will bill for appropriate level inpatient E&M visits beginning the day after delivery, including the discharge visit on the day of discharge.

18. Will hospital rounds and discharge be covered for Soon-to-be-Sooners (STBS) with this change?

- Day of delivery: postpartum professional care remains included in the delivery code.
- Next day through discharge and later outpatient postpartum visits are not covered under current STBS authority.

19. If billing labor management and delivery codes on the same day, will they need a modifier?

OHCA understands that CPT coding guidelines do not require a modifier to be used in this scenario; however, we are unsure if one will be required until we see the CMS global periods for these services.